

Mac/2

Musgrave

H. St.
P.M.

THE ORIGIN AND HISTORY OF THE
ROYAL LIVERPOOL
COUNTRY HOSPITAL
FOR CHILDREN
AT HESWALL

by
CHARLES J. MACALISTER
M.D. (Ed.), F.R.C.P. (Lond.),
Honorary Consulting Physician
to the Hospital,

THE ORIGIN AND HISTORY OF THE
ROYAL LIVERPOOL
COUNTRY HOSPITAL
FOR CHILDREN

AT HESWALL FROM THE TIME
OF ITS INCEPTION (1895-1898)
AND FOUNDATION (1899)
TO THE YEAR 1930

by

CHARLES J. MACALISTER
M.D. (Ed.), F.R.C.P. (Lond.),
Honorary Consulting Physician
to the Hospital.

PRINTED AT THE ALCUIN PRESS,
CAMPDEN, GLOUCESTERSHIRE,
FOR DISTRIBUTION FROM
THE HOSPITAL
MCMXXX

WELLCOME
LIBRARY

Pam (H)

Mac/2



DEDICATED

to all those friends and co-workers whose love of
children and labours for their well-
being led to the foundation
and development
of this great
Institution.

CONTENTS

THE GENESIS OF THE HOSPITAL	page 1
THE SURGICAL PROGENITOR	5
THE MEDICAL PROGENITOR	7
PROGRESS	26
THE TITLE "ROYAL"	38
WAR SERVICES	40
FURTHER DEVELOPMENT	41
SOME EARLY PERSONAL FACTORS	47
THE FUTURE	53

THE GENESIS OF THE HOSPITAL

THE Royal Liverpool Country Hospital for Children at Heswall has a history of almost romantic interest. The advisability of instituting such a hospital was first projected in the years 1895-1898 in conversations between Sir Robert Jones and the writer. We had both been working among children for a good many years and our ideals were the outcome of this circumstance. Our experience had led us to believe that all was not well concerning the methods of treating children suffering from various chronic ailments which were often enough regarded as incurable. We considered that many such children should be capable of recovery, provided they could be kept under observation and treatment from first to last, and without interruption, in a specially organised hospital. There were not a few opponents to our scheme, even in our own profession, many of them essentially kind hearted people who maintained that a policy of alleviation was sufficient. Among these I well remember an old friend in whose philosophy it was better to let many such children die than, by preserving them, to perpetuate a feeble inheritance. He even spoke of a lethal chamber as an alternative proposition to the hospital. I would willingly have entrusted him with the job of euthanatist, for he would never have performed his duties.

The surgical genesis of the hospital was in a way related to the teaching of that extraordinary Liverpool surgeon Hugh Owen Thomas, and I venture to make a brief reference to him not only because it was due to his inspiration that his nephew, Robert Jones, became impressed by doctrines and principles which he has throughout his life advanced and expanded, but also because he presented a unique personality which should interest the readers of this record.

I was intimately acquainted with Thomas, who was brim full of a solicitous love of the people for whom he worked and for whom he exercised the genius which has posthumously led to his being acclaimed the real pioneer of orthopædic surgery. His work was regarded with considerable scepticism by many of the surgeons of his day and generation, for the reason that they understood neither it nor him. This is not wonderful if we remember how many of the great reformers in medicine and surgery, such as Jenner and Lister, had precisely similar experiences.

Hugh Owen Thomas was looked upon as a kind of crank. He refused to amputate limbs or to excise joints which, according to the classic teachings of his day should have been so dealt with, but by exercising the principles of rest,—especially in such a way as to enable his patients to get about in the fresh air—together with certain other conservative surgical methods, he saved many a limb and many a joint. He was a pioneer advocate of fresh air and sunlight and knew that children with tuberculous joints invariably deteriorated in the general wards of town hospitals. This led him to adopt an original way of dealing with poor children suffering in this way. All over Liverpool, in the slums and alleys, they might be found in improvised beds made of soap boxes and the like, which were chained or tied to the railings of the houses.

Who among the older members of the profession can forget the almost heart-breaking operations on children which we witnessed as house surgeons? Excisions of hip and knee joints, for instance, which were frequently undertaken in the early stages of disease in order to avoid the risks of subsequent suppuration and destruction. On examining the removed joint and observing the limited amount of trouble, and then contemplating the beauty of the child thus mutilated, one wondered and wondered.

A very obvious deformity resulting from such operations was so common at the period of which I write that it was observable almost any day as we went about the town : i.e. lame people, with a shortened limb compensated by a hideous high soled boot. To-day, thanks to the teachings of Thomas, this deformity is very rare.

It was always a puzzle to me to know how Thomas found time to deal with the cases, as he did, individually. He was not trammelled by any conventions in his ways of dealing with them; each case of deformity or disease he regarded as an individual problem which was solved, if need be, by the application of instruments moulded for the particular case, and made on the premises. The surgery was a work-shop having several departments. There was a smith who made the splints or other appliances, which were carefully adapted to the patient, and a worker in leather made the appurtenances thereof. To overtake his work Thomas made a start at about six o'clock in the morning, when he drove out in a wonderful high drag, designed by himself, to give him increased control over a very fine pair of horses. He made a number of his professional visits in the early morning, both at the homes of patients, and to his private nursing homes. From nine o'clock onwards there was always a busy time at his consulting rooms, lasting until the afternoon when he again kept his outside appointments. He worked perpetually; even on Sundays he had a large free clinic at his surgery. If he had any spare time he still worked in it, sometimes writing or reading (in which he had an extraordinary range of interests), sometimes at his lathes or other contrivances, in a wonderfully appointed workshop wherein his cunning hands constructed what his active genius had invented. Many of the appliances which he devised such as the well known Thomas's Splint are still employed, and others were the progenitors of those in use to-day.

Sometimes one heard Thomas spoken of by his compeers as being rough and heartless in the handling of his patients, but they did not know the man. He was full of kindness: I know this from personal observation of his work among working people. It is true that he would quickly reduce a dislocation or a fracture without an anæsthetic, but this was because he knew that during the period of shock, when muscles were relaxed, his skilled rapidity of operation involved less risk and discomfort than the chloroform almost universally employed in his day. Before the days of anæsthetics this principle of operating during the period of shock was recognised by some very keen observers. The Baron Larrey, in his *Memoires de Chirurgie Militaire et Campagnes*, tells of immediate operations on the field of battle being more successful than those delayed, and it was partly this principle which led him to bring his field hospitals close to the battle-fields, instead of having the wounded men conveyed to more distantly situated ones. Thomas was not rough; he was a man of infinite kindness of heart and hand. If any proof were wanting as to the place which he held in the regard and affection of the people, it was manifested at the time of his death on January 6th, 1891. At his funeral a few days later the roads from his house to the cemetery were lined by crowds of the people for whom he had lived and worked. He was a seer whose principles, not entirely accepted during his life-time have, since his death, become universally approved and adopted. That he was a great surgeon and a pioneer is testified to by the fact that his portrait occupies an honoured place in the Royal College of Surgeons of England.

THE SURGICAL PROGENITOR

IF Owen Thomas was a pioneer of orthopædics, it was his nephew, Robert Jones, who ultimately became responsible for making it a special branch of surgery. He had lived with, and been brought up by, his uncle from early boyhood, and as a student and young surgeon he absorbed his doctrines and witnessed, with a receptive mind, the advantages of their practical application. Thus equipped, he became the inheritor of principles which he has expanded throughout his career in an extraordinary way. Additions to the possibilities and scope of orthopædics have advanced in his hands, and he has done much to benefit conditions of crippling and deformity which had hitherto been regarded as well-nigh hopeless. To realise this, one has only to bring to mind the changed outlook for children suffering from infantile paralysis, which was the despair of physicians before he dealt with it at first by the transplantation of muscular insertions and afterwards by methods of reconstruction of bone and muscle. Many other examples of deforming and crippling diseases have been lifted from the realms of incurability by his skill and scientific acumen. Indeed, one does not need to stress further the eminence of the man who, as Director of Orthopædics during the Great War, did so much to instruct the younger surgeons at the Front, and to organise the systematic treatment of classes of injuries requiring specialised care. Since the War his energies have been devoted to a scheme of organisation for dealing with cripples and the causes of crippling throughout the country and beyond. Dame Agnes Hunt was a pioneer of this kind of work. In her extraordinary hospital at Baschurch at a very early period (it must be 25 years ago) she roped in Robert Jones as Hon. Surgeon, and he visited her hospital at frequent intervals for many a year. The patients in the Baschurch Hospital were originally treat-

ed indoors, but shortly after Mr Jones became associated with it they were moved into the open to obtain the therapeutic influences of fresh air and sunshine, and thereafter the patients were housed in open sheds, summer and winter. At first I remember Dame Agnes Hunt (herself somewhat crippled) periodically bringing her patients to Robert Jones at the Royal Southern Hospital. They were conveyed from the station on a truck after a journey which must have taxed the resources of the guard's van on the train and of the railway porters who assisted their transport. This was ended by a reversal of the procedure when Robert Jones undertook to look after them at the hospital, which he visited very frequently. When the War terminated this partnership in interest for the cripple became the nucleus round which a national effort was successfully launched, and the cripple problem to-day is nearer solution than it ever was.

Now prior to 1898 the treatment of children suffering from surgical tuberculosis and many other chronic troubles requiring prolonged treatment was far from satisfactory. They were dealt with chiefly in the general and children's hospitals, and often by radical operative measures whereby the diseased joint was removed by excision. If the disease was not very advanced, in the case of the hip or knee or other joint the limb might be placed in a Thomas's splint for a month or two, but if no improvement occurred the operation was performed, and an operation of this kind invariably meant permanent deformity. Many of the cases were, before and after operation, treated as out-patients.

In a large number of instances the little patients got no consecutive treatment. They were seen by one surgeon for a time, then by another at a different hospital. From time to time during their illnesses some of them were sent to convalescent institutions, which helped matters to some

extent; but altogether the interruptions in treatment, the passage of the cases through various hands, and the unsatisfactory environments of the children in their homes, tended to delay or avert really good results and it was considerations of this description which were passing through Robert Jones' mind about this period.

THE MEDICAL PROGENITOR

AT this juncture I shall leave the surgical side of the question and proceed with the story of the experiences which contemporaneously led me into similar trains of thought.

I was possessed of an innate interest in children and a pre-determination to work at the diseases to which they were subject, and the wheel of fortune placed opportunities in my path which encouraged this work. Immediately after qualifying in 1884 I was appointed junior resident at the Liverpool Children's Infirmary. After that came a longish period of residency at the Manchester Hospital for Children at Pendlebury. In both of these institutions a great deal was learned, especially from Dr. Ashby of Manchester, who was a very distinguished specialist and an excellent teacher.

Cases, in those days, were classed in categories of "acute" and "chronic," and probably with a view to dealing principally with the acute ones a time limit (presenting in practice a certain amount of elasticity) was imposed in most of the hospitals. But what constituted an acute case? There were, of course, the pneumonias, rheumatic cases, typhoids (then treated in the general wards) and many others, but chronic cases which were seriously ill, were also very frequently regarded in this light, and having been patched up, were then sent home or to a convalescent institution for three weeks or so,

afterwards being regarded as out-patients until the next exacerbation brought them again into hospital. The mothers of these children frequently took them from hospital to hospital, and they were often lost sight of by the physicians who originally had them in hand. Many drifted into incurability, and found their way at last to the Poor Law wards, or to that bourne whence they returned no more.

There was another very interesting point which could not elude observation. Children, the subjects of diseases liable to become chronic or incurable, but able to be about and to come as out-patients, were apt to be regarded as not ill enough for admission to institutions, especially where the demand for beds was greater than the supply. Their chances of recovery were undoubtedly lessened by this circumstance. During my periods of residency in hospitals these anomalies certainly did not occur to me: they were regarded as matters of fact or of necessity or custom, and one thought little about them at the time, but it was in the course of the first twelve years after going into practice that the uneconomic aspects of the situation became clear. The perception came that provision for the residential treatment of children suffering from chronic diseases was very urgently required. These impressions became dominant very largely in consequence of experiences culled from a Children's Clinic opened under the auspices of the Medical Missionary Society at the south end of the town in or about 1887. The hopelessness of dealing efficiently with chronic cases as out-patients became very obvious. Among infants suffering from marasmic conditions and rickets there was a high mortality. Visited at their homes, most of the diseased children were found lacking the restful conditions essential for repair and recovery. In an environment of clamour, very relative cleanliness, and improper feeding, it was

impossible to treat them on hygienic lines. The mothers did their best for them, aided by the district nurse, but they were generally in a fatigued state themselves and had still to look after their household duties and their other children, some of whom were probably "on the floor" as they termed it. The household wash in itself was a back-breaking business, and there is small wonder that adequate attention could hardly be given to a sick child. Evidently it would pay to take such cases into an institution and keep them there until they were on a fair way towards recovery. It would be economic to do so for the sake of the mother and her other children as well as for the patient.

Later on, in 1892, on my appointment to a physiciancy at the Stanley Hospital, this clinic was given up. At the Stanley Hospital, a large out-patient department, attended by the poorest of the poor, demonstrated exactly the same facts, and confirmed the lesson that, if the prevention and treatment of chronic diseases in children was to be efficient it could only be carried out in an institution specially designed for them.

Thus, as I have shown, between the years 1895-1898 a physician and a surgeon were thinking along parallel lines. Not only thinking, but also discussing the possibility of having a place wherein to treat both medical and surgical cases of the classes we most desired to help. We were possessed of a series of facts and upon these we based our opinion that for the alleviation of the types of cases which were in our minds, a long and uninterrupted residential treatment was essential. We believed that, in the majority of cases, the crippling of children in any sense of the term, was largely preventable. We postulated too, that in many of the so-called chronic cases, the question of incurability was to be regarded as a relative one. Such children would remain incurable, or tend to drift into

states of organic or skeletal crippling only so long as they remained in unsuitable surroundings where continuity of treatment under scientific and hygienic auspices was not possible.

In the earliest days of our talks a town hospital was thought of, and I recollect on one occasion, when we were walking together along Upper Parliament Street, we spotted a house which might serve the purpose. This house afterwards became the Samaritan Hospital. At this period, however, we had no source of funds in view and no plans for obtaining them. The question was "in the air" with us, so to speak, and we were simply casting round for possibilities, which in 1898 became opened up in a very interesting way.

In the year 1897 Miss Ellen Sedgwick, who had been working at the Home for Incurables for some years, and had been impressed by our views, became an enthusiastic ally. She not only sympathised with and shared our ideals but also did a good deal in the way of impressing the understanding of them on others. The Liverpool Home for Incurables is devoted to the care of women suffering from maladies which have incapacitated them. At the time of my appointment as physician to it, in 1890, Miss Sedgwick was sister in charge, and about five years later became matron, on the retirement of Miss Walmsley. A condition of admission to the Home, was the incurability of the patients, who ranged in age from childhood to senescence. So far as the present story is concerned, it was the children who were of interest. They were sent to the Home because their conditions were regarded as hopeless, and they were expected to end their days there. Experience proved, however, that the results in their cases were entirely the opposite of those anticipated, for quite a large proportion of them regained their health and were discharged after months or even years of uninterrupted

treatment. It was this fact, confirmatory of our contention that a special hospital was required for such cases, which led Miss Sedgwick to become an active partisan in our scheme. She directed the attention of many ladies on the committee to the facts, and among them was Miss Lily Gaskell, who afterwards became the fourth of those who were instrumental in converting potentialities into a definite plan of action. At the beginning of June 1898 Miss Gaskell mooted the subject of the proposed hospital to her father, Mr Holbrook Gaskell, who immediately became interested, and offered £100 towards a fund, if such were started, and Mr Septimus Brocklehurst promised a similar amount. The time, therefore, seemed ripe for thinking about ways and means, and by invitation, a meeting of the four (that is to say, Miss Sedgwick, Miss Gaskell, Mr Robert Jones and myself) was summoned at my house, then 66, Rodney Street, for June 24th 1898, when the matter was discussed, and the following points were agreed upon:—

- (1) There are few children so incurable that they cannot become well if placed in proper circumstances for treatment.
- (2) A hospital for such children, suffering from chronic diseases, should be recognised as being a place to which they may be sent, in order to have the best chance of recovery.
- (3) Such an institution should be conducted on the lines of a hospital. It should be situated in the country, and placed under scientific and sanitary auspices.
A resident doctor, or a local one acting on the spot, should be appointed to look after the cases, but the main responsibility should rest with a physician and surgeon visiting, say, once a week.
- (4) Such a hospital should have an operating theatre, so that the children might at once get the benefit of the

fresh air, after being operated upon—if such a course became necessary.

- (5) Experience has proved that if operations are performed, or medical treatment adopted for such cases in the country, the chances of recovery are greatly enhanced.
- (6) Such a hospital should not be regarded as a convalescent institution or confused with such an institution.

There were other points talked about at this meeting, recorded on a separate memorandum, e.g., the way in which cases got lost sight of under existing conditions; how they often drifted into the hands of others with consequent interruption of treatment, the result being that the physician or surgeon realised that it was often the lesser of two evils to treat such cases in town and at their homes rather than lose the personal control of them, as occurred, for instance, when the patients left the general hospitals where they could only be kept for limited periods. The question of the numbers of children requiring treatment was raised, and it was pointed out that at the time we knew of 70 or more suitable for admission to such a hospital. At Mr Jones' free Sunday Morning clinics alone, some 4,700 poor cases were seen annually, very many of them suitable, and at the Stanley Hospital and elsewhere, many chronic medical cases were similarly situated. The memorandum referred to the possibility of beginning in a small way, and suggested that many subscriptions would be forthcoming.

For four months following this meeting, a good many people, privately canvassed or influenced by the enthusiasm of their friends, promised donations and subscriptions, but we were still without a definite scheme in hand. Those of us who were interested in the Home for Incurables, thought it possible that the committee of that Insti-

tution, having witnessed the good results in the cases of children treated there, might be disposed to expand their activities, and to consider the question of opening an annexe for them in the country.

On October 25th 1898, Miss Sedgwick, who had then resigned her position as matron, wrote informing me that the committee of the home had signified their willingness to interview Mr Jones and me on the following day. This was very short notice, and Mr Robert Jones, being otherwise engaged, could not attend. I was therefore unsupported, and had to explain the facts single-handed. The committee was very sympathetic, but evidently felt that if we claimed that such children were curable, it was not in the province of an institution for incurables to deal with them. That same evening in a letter to Miss Sedgwick, I told her about the interview, and wrote:— "If the thing is to float at all, I quite think we must take immediate steps to start the Institution on independent lines. Can you call and have a chat about ways and means, one day soon?" She came next morning. We felt that a definite plan should be immediately devised, and a committee appointed to put it in operation, otherwise the people who had promised donations and subscriptions would certainly lose interest by the delay. So another meeting of the four was immediately summoned and, to put it shortly, we determined to invite all whom we knew to be interested or who might possibly become so, to a meeting in the hall of the Institution for the Deaf and Dumb, in Princes Avenue, of which I was chairman at the time. To this meeting a fortnight later, on November 15th 1898, people came in numbers beyond our expectations. Dr William Carter was asked to take the chair and it became my privilege to start the ball rolling with a preliminary address, in which the general objects of the proposed hospital were explained. Mr Robert Jones followed,

strongly urging the matter, and particularly laying stress on the necessity of having the institution in the country. He recounted his impressions of a visit to the seaside hospitals at Berck-sur-Mer in support of this contention. After several members of the audience had spoken, it was proposed by Dr William Carter, seconded by the Rev. Bell Cox, and carried unanimously, that a committee be formed for giving definite details of the scheme, and for furthering the object of the meeting. A provisional committee was then and there appointed.*

The proceedings of this meeting were very fully reported in the *Daily Post* of November 17th 1898, and events then ensued, which led to the commencement of active work, on a relatively small scale, within a remarkably short period of time.

On November 18th, I received a letter from Mr (now Sir) Alfred Paton, the honorary secretary of the Children's Convalescent Home at West Kirby, stating that they were having a wing built on to their Home with the object of supplying more accommodation for hospital and chronic cases. He thought that their scheme was on similar lines to ours, but he had not quite grasped some of the points which we foresaw to be essential. He made the suggestion, however, that it might be possible to come to some arrangement whereby their new wing might be made to serve all the purposes at which they and we were aiming, and he further suggested that he should meet Dr Carter, Mr Jones and myself to talk the matter over.

*Septimus Brocklehurst, Dr William Carter, Harris P. Cleaver, Dr Lucy Cradock, William Evans, J.P., Holbrook Gaskell, Miss Lily Gaskell, Miss Gibbons, Dr Lilius Hamilton, Dr C. Thurston Holland, Mr Robert Jones, Mrs Lund, Miss Ellen Sedgwick, Dr Vereker and Dr Macalister (*Hon. Sec.*)

This conversation took place, and the provisional committee (of which I was secretary) was called together on December 6th, 1898, to consider the matter. The suggestion of amalgamation was regarded with favour, provided some scheme for having a separate fund for our cots could be arrived at. The situation of the West-Kirby Institution was regarded as suitable for a country hospital, and a sub-committee, consisting of Messrs Holbrook Gaskell, Septimus Brocklehurst, Mr Robert Jones and Drs Carter and Macalister, was appointed to discuss a scheme for amalgamation with representatives of the West-Kirby Institution.

It was resolved:

- (1) That if possible, free beds should be insisted upon.
- (2) That separate funds for working such beds should be subscribed.
- (3) That admission should be granted to children from any place and of any sect.

It was further resolved that the present provisional committee be retained (with power to add to their number) to promote the interests of the new wing of the West-Kirby Institution if the amalgamation scheme be agreed upon, and to further the interests of an independent hospital for chronic diseases of children should that scheme fall through.

The sub-committee met Messrs T. B. Royden, A. V. Paton and H. P. Cleaver—representing the West-Kirby Institution, on December 9th, 1898, when it was agreed:

- (a) That the West-Kirby Convalescent Home was willing to work in conjunction with the proposed hospital.
- (b) That separate wards for the purpose of carrying out the aims of the Hospital for Chronic Diseases of Children would be set apart.

- (c) That the occupation of any number of beds up to twenty, at working cost, would be allowed.
- (d) That the working cost of each bed would be £25 a year.
- (e) That every facility would be offered for the efficient treatment of the children.

It will thus be noted that the hospital was to be regarded as an independent organisation, working in conjunction with the West-Kirby Home, which was to act as its kindly host.

The next important meeting of the provisional committee was on February 8th, 1899, when it was resolved :

- (1) That its members should obtain the names of ladies and gentlemen to serve on a permanent committee and submit them at the next meeting.
- (2) That the Lord Mayor be asked to grant the use of the Town Hall, and to preside at a meeting therein to inaugurate the foundation of a Hospital for the treatment of the Chronic Diseases of Children in connection with the West-Kirby Convalescent Home for Children. Messrs Robert Jones and Thurston Holland were appointed a deputation to approach the Lord Mayor on the subject.

Following this, the Lord Mayor (Mr William Oulton), signified his interest in the scheme, and took the opportunity of referring to it at the annual meeting of the West-Kirby Home, held at the Town Hall on February 27th 1899, when he called upon Dr Carter to enlarge on the aims and objects of the new hospital.

The Lord Mayor afterwards appointed March 8th for a meeting of friends and supporters, to inaugurate the new scheme, and notices to this effect were immediately sent out.

This inaugural meeting, attended by between two and three hundred people, was held at the Town Hall on March 8th, and the following very full record of the proceedings was published in the Daily Post on March 9th, 1899.

“The Lord Mayor presided yesterday afternoon over a well-attended meeting, held in the Town Hall, of the friends and supporters of the scheme for providing hospital wards in connection with the Children’s Convalescent Home, West Kirby, for the medical and surgical treatment of children suffering from chronic but curable diseases.

“The Lord Mayor, at the outset, said there were one or two elements in connection with the scheme which especially commended the proposal to him, in addition to the character of those who had taken the matter in hand. It was not desirable that they should increase the number of the charitable institutions of the city, but in this particular case he did not think that the successful establishment of the hospital could be in the ordinary meaning of the word, regarded as an addition to existing institutions. Not only that, but there was no danger of any existing institution being interfered with by this; and there would be no overlapping of the work already well done by any existing hospital. The proposed hospital was not intended to deal with what were ordinarily known as consumptive patients, and those suffering from tubercular disease of the lungs. But there were numerous forms of tubercular conditions, in addition to that which was most commonly recognised as consumption. There were for instance, diseases of the hip and spine and other joints, all of which were tubercular in their condition and character. It was for the treatment of those particular forms of the disease that the proposed hospital would be equipped. It was quite clear that the tendency now was to treat this

particular form of disease and to deal with these bacilli in a different way to what was done in the past. The introduction of fresh air and hygienic conditions of the most perfect kind were now regarded as essentials to an ultimate cure. He hoped the result of the meeting would be to secure as much financial support for the movement as it really deserved.

“Dr William Carter, in explaining how the scheme had originated, said the necessity of some means of giving prolonged treatment to children in the fresh air of the country had long been felt. The existing hospitals could not meet this necessity for two reasons: first, because they were in the town; and, secondly, because they could only deal with acute cases, a constant succession of which applied for admission into their wards. By those practically acquainted with the working of such institutions it had long been felt very hard that at the end of the time limit necessarily imposed, and when cure was just being entered upon, these cases, mostly in children, had been compelled to make way for more immediately urgent ones. Thus children had often to be sent away when it was felt certain that they could be cured of disease or rescued from becoming crippled or deformed if only time and favourable hygienic conditions were obtainable. Even the best of their homes, where much rough kindness and sympathy were shown to them, were unfavourable; while when the homes were not the best, the struggle to live was a very painful one; and if the patients did emerge into adult life it was often as permanent invalids or as cripples to maintain an unequal struggle for existence. So impressed were a number of ladies and gentlemen with these painful facts that at a meeting held last November a provisional committee was formed to take into consideration the best means of giving effect to a resolution come to to erect a country hospital for children suf-

fering from chronic ailments, and they felt themselves ultimately sufficiently encouraged to determine to select a site and to appeal to the public for support. They were however at once relieved from even the appearance of adding another to the already numerous charitable institutions by the fact that so soon as their intentions became known, the committee of the West Kirby Convalescent Home for Children, who had themselves been impressed by the same necessity for prolonged treatment, came forward, and in a generous and friendly spirit, being about to enlarge their building, offered the use of wards in their institution for dealing with these chronic cases. This, of course, being entirely distinct from the functions of a convalescent home, inasmuch as it comprised the idea of continuous and prolonged active medical and surgical treatment, could not be directly undertaken by them, and yet had their entire sympathy, owing to their own experience of the hardships inflicted on children by the want of such treatment. Several interviews between members of the two committees took place, and finally definite arrangements were made by which, for a fixed yearly payment of £25 per bed, twenty beds were placed at the service of the committee having this scheme in hand for the reception of these patients. It must be understood that, although working in association with the West Kirby Home, the committee would be independent, the finance would be distinct, and the medical and surgical treatment would be in the hands of specially appointed officers working in association with Drs M'Afee and Pierce, who were resident in the neighbourhood, and had long been associated with the home. It should be distinctly known also that this institution would not conflict with any other. It had functions entirely distinct from those of a cripples' home, one of the great objects being to prevent children from becoming cripples; nor with any home for incur-

ables, as one of the conditions of admission would be the opinion that the case would ultimately be cured. There could, therefore, be no strict limit of time, children being kept even for a period of two years if it were thought expedient. It had been decided that no payment should be exacted, but the children should be received from any subscribing centre—it might be in England and Wales, although the majority, it was anticipated, would come from the immediate vicinity of Liverpool. It was felt that every parent would be likely to feel an interest in such an institution giving to the poor the conditions for the preservation of life and limb, and for the prevention of deformities and crippling which at present were only attainable by the rich. The objects of the scheme were amply justified by the experiences gained in many continental country hospitals, in which medical men had found that cases recovered after failing to show signs of improvement with prolonged treatment in the town hospitals or at their homes. The moderate annual sum necessary to keep the whole of these twenty beds filled, about £600, it was hoped and believed, from the encouragement thus far given by all to whom the scheme had been mentioned, would speedily be subscribed, and when its success had been proved, as the committee believed it soon would be, either the enlargement of the present, or the construction of a new building might be entered upon.

“Sir Edward Russell proposed:—‘That the committee consist of the following ladies and gentlemen, with power to add to their number:—Mrs Beloe, Mrs J. P. Brunner, Miss Carter, Dr Lucy Craddock, Miss Gaskell, Mrs Lund, Miss Sedgwick, Miss Meade-King, Mrs Wollaston, Mrs John Watson, Mr Samuel Barker, Mr S. Brocklehurst, Mr Cecil Brunner, Dr William Carter, Mr H. P. Cleaver, Mr H. A. James, Mr R. S. Deane, Mr William Evans, Mr John Gibbons, jun., Mr James M.

Irvine, Colonel Montgomery, and Mr George Rathbone, with Mr James M. Irvine (Messrs Moran, Galloway, and Co., 13, King Street) as acting treasurer.' He said the names he had read would commend themselves to the meeting, and would require no advocacy on his part. He felt that it was almost an embarrassment to have to advocate a scheme which at every point commended itself, as was the case with the one before them. The mere fact of a charity being for children always found its way to every heart. The sympathy with childhood, which was part of everyone's nature, extended far beyond the range of family, and was never asleep and never lost wherever they went and whatever the circumstances. The children that had to be dealt with by an institution of the kind proposed were clearly in a most unfortunate position. There were already institutions which proposed to meet, and did meet, to a large extent the diseases and infirmities which these children had. The sadness of the case was that it was really essential to their adequate and proper treatment that they should be treated as chronic patients, extending over a considerable time. It was almost heart-breaking to imagine the feelings of parents, and still more the feelings of those concerned with charities which treated children's diseases, when it became evident that, owing to deficiencies in their appliances, they had to let children go, and let them become practically doomed cripples for the rest of their lives. That was a thing which a community like this ought to face only by determining that this deficiency in our medical institutions should no longer exist. The names that had been most connected with this enterprise were those of Dr Carter, Dr Macalister, and Mr Robert Jones. Those were names of great eminence, and the bearers of them were as highly esteemed for their position in their profession as for the benevolent ideas by which they were known to be animated. He

could well understand that when these gentlemen looked at the problem they had to solve it had been a real pain to feel that so long as it was unsolved the treatment of such cases as those in question was deprived of its efficiency and hope. So that they might almost say that what had been done in many cases up to now, earnest and skilful, and well aimed and well directed as it was, had been practically futile, owing to its not meeting the conditions which had to be met in such cases. It must be a great delight to the committee of the West Kirby home to feel that they were enabled by this friendly and fraternal co-operation to extend the usefulness of their own institution, and to give a start as it were to an institution which, he hoped, would eventually have a great home of its own, and be able to do everything that needed to be done for those children under its own supervision. The progress of the effort about to be made would be watched with the greatest interest. They might count upon it with certainty that each case sent to the hospital, unless the disease proved invulnerable, and could not be cured, would be a case of downright salvation for a human life—a case in which future usefulness would be assured, where but for the hospital the life would be doomed to ineffectiveness, weariness, unfortunate conditions, and probably to ultimate misery. The institution would meet a real want, and in the grand work it would do must appeal to all hearts and retain the sympathy of the whole of the public.

“Dr J. B. Nevins, who seconded the proposition, expressed the warmest approval of the scheme. Speaking as a medical man of long experience, he said he felt confident that the hospital would be able to accomplish a great amount of good work.

“The resolution was passed.

“Mr A. V. Paton moved—‘That Dr M’Afee and Dr Pierce be the local medical officers, and that Dr C. J.

Macalister and Mr Robert Jones be appointed visiting physician and surgeon respectively, in charge of the beds allocated for the treatment of chronic diseases of children.' As representing the committee of the West Kirby Convalescent Home, he said that body was in cordial sympathy with the scheme. He emphasised the special advantages which would accrue from the circumstance that the new hospital is to be associated in a sense with the Convalescent Home.

"The Rev. T. W. M. Lund, in seconding, said the movement commended itself to the sympathy of all humane people.

"The motion was carried.

"On the proposition of the Rev. R. M. Ainslie, seconded by Mr Robert Jones, a vote of thanks was accorded the Lord Mayor."

The Hospital having thus been inaugurated, the first meeting of its new committee took place on March 22nd, when it was agreed to invite the Earl of Derby to be the first President.

On March 28th, Rules for the governance of the Hospital, previously drafted by a sub-committee, were amended and passed. The principal rules concerned the title and object of the Hospital, the absence of a time limit for treatment therein, the constitution of the governing body and committee, and those concerning the duties of the honorary secretary, the honorary treasurer and the honorary visiting medical officers.

On April 18th, 1899:—

- (1) It was announced that Lord Derby* had accepted the Presidency; and the following officers were elected:—

*The present Lord Derby has been President since the death of his father in 1908.

- (2) Vice Presidents:—Mr Holbrook Gaskell, Mr William Oulton (Lord Mayor) and Sir Edward Russell.
- (3) Chairman of Committee:—Col. Robert Montgomery, V.D.
- (4) Treasurer:—Mr James M. Irvine (who had previously held the post temporarily).

It was between the meetings of June 7th and July 31st, 1899, that Mr Andrew Gibson—who has been such a generous friend to the Hospital—became a member of the committee, and was appointed one of the executive committee.

An important minute is recorded at a meeting on July 31st reversing the principle of free treatment. On the proposal of Mr Andrew Gibson it was enacted that all patients other than those occupying appropriated cots, should pay a minimum charge of 3s. 6d. per week in advance. This had to do with the maintenance of parental responsibility. It was felt that the children should be in part maintained by their parents, in view of the long periods required for treatment.

Messrs Layton, Melly and Layton consented to act as honorary solicitors to the committee.

An appeal to the public for subscriptions was drafted at this meeting, and it is interesting to note that donations were also solicited for the purchase of land, and for the building of a suitable permanent hospital. This was a point determined upon from the very first, and was uninfluenced by the circumstances which had enabled us to begin work as guests in a temporary way.

From this date (July 31st) until the opening of the hospital, the committee was actively engaged with the above appeal, and in making arrangements for starting work.

On November 1st, 1899 the first patients were admitted, all of the 22 beds being filled, and the formal opening

ceremony took place in the hospital wards on November 4th, 1899.

Sir Edward Russell, in declaring the hospital open, said he considered that it inaugurated a noble movement. Personally, he felt at that time that something new was being urged in an original way. In a hospital like that nature was brought to the aid of science. The expression was most inaccurate, because when science was not availing itself of nature it was not science; but while science availed itself to the utmost of nature, endeavours to mitigate the ailments of the human body were too often so cut down by the means at their disposal that it was necessary to depend alone on the skill and experience which was technically called science. In that hospital they had three elements without the full combination of which the aims of the institution could not be successfully achieved. They were, first, splendid medical and surgical skill; secondly, surroundings and air of that pure and healthy kind which were good for all, but especially good for the young; thirdly, the vital principle of not withdrawing children from the treatment so long as they were not perfectly cured. It was that principle which struck so many of those present at the meeting in Liverpool. The hospital, he believed, would be looked upon as a great experiment to be followed in other parts of the country, and he was convinced that if they kept their principle in view, the hospital might be the beginning of a national undertaking, and that the country at large would realise the importance of so treating the rising race that nothing of which science could make a certainty should be left to chance. If besides tolerating the temptations, corruptions, and surroundings which debased and weakened the human frame the community allowed children to grow up physically unfit to face the exigencies of life, it incurred risks that no com-

munity ought to incur. While public opinion was alive, and the means of remedy could be found, they would send children from that hospital capable of attaining proper manhood and womanhood. The wards of the institution were a saddening and gladdening sight—gladdening because of its beneficence and its surroundings, saddening because he did not doubt that many of the cases, if inquired into, would be found related to circumstances in the condition of the community which they would be glad to change. There the children had good air, beautiful hygienic conditions, and the most affectionate as well as the most scientific treatment. The charity would be associated, too, with the encouragement of thrift. It was a great step in advance that they should not only mitigate physical suffering, but lay the foundations of hundreds of good lives which would owe their goodness, strength, and happiness to the means there provided for the establishment of good health in their earlier years. He had great pleasure in declaring the hospital open.

PROGRESS

THE first Annual Meeting (for the year 1899) was held in the Town Hall on February 19th, 1900, when it was pointed out that the number of beds available was entirely inadequate to meet the applications for admission. Each case requiring to be kept under treatment for many months, only a fraction of the number of applicants could be dealt with and it was evident that a hospital containing 100 or even 200 beds, would not be too large. The erection of an independent hospital was foreshadowed, and the committee asked for public support to enable this to be accomplished. A building fund had already been started, and £1,122 stood to its credit.

After this meeting Mr Andrew Gibson became very

active. In conjunction with the two honorary medical officers, he began to think of ways and means of temporarily expanding the work of the hospital, e.g. by taking a large house in the country. This idea was, however, abandoned, and it was decided to concentrate attention on the erection of a building which would embody all the necessities for a modern country hospital. The question of locality was also considered, and a good many visits were paid to sites within access of Liverpool. Mr Gibson had seen and directed attention to the Heswall site where the hospital now stands, early in the year 1900. It was on high land, situated on sandstone, and overlooked the Dee. The outlook was very beautiful, and the place commended itself to everybody concerned. This land, having an area of about nine acres, was therefore acquired at a cost of £2,500. A Building Committee, under the Chairmanship of Mr Gibson, had previously been appointed to formulate plans, and, in addition, a good many informal meetings and conversations took place at this period, and afterwards, with reference to the type of building most suited to our purpose.

This year 1900 was marked by great activity in the initial stages of an effort to raise funds for the payment for the land, and for the construction of the hospital thereon.

On July 11th and 12th, Mr Holbrook Gaskell placed his house, picture gallery and grounds at the disposal of the ladies of the visiting committee, for the purposes of a sale and garden fête, which was largely attended, and realised nearly £500. Mr Gaskell, who opened the fête, announced his intention of adding £900 to his donation of £100, and it was further announced by the Chairman, that another generous donor (Mr Gibson) had contributed £500 to the fund. Some money was afterwards raised by a private subscription ball, organised by Mrs Hugh

Shaw, on November 28th. Sundry other donations, ranging from £100 downwards, together with £250 from the legatees of the late Mr John Harling, raised the total collection at the end of the year to a considerable sum.

On December 10th, 1900 a deputation consisting of Colonel Robert Montgomery, Mr Robert Jones, Dr Macalister, Messrs Andrew Gibson and A. V. Paton was received at the Office of the Board of Education in London respecting the institution of educational facilities and the obtaining of grants for this purpose. Essentially it had to do with the provision of suitable accommodation in the proposed new hospital buildings. The report of this deputation is too long to quote in extenso: the immediate outcome of it was that (under the regulations of the time) the hospital might be certified as a special school and so become qualified to earn the Treasury grant and also an allowance from the school authority. At the West Kirby institution a school mistress was appointed by the school Board about this time. She was assisted by voluntary workers (among whom Miss Ellen Gonner took the leading part) who had hitherto taught the children for a considerable period.

On March 4th, 1901, a great impetus was lent to the cause by the receipt of a letter by the chairman from an anonymous philanthropist* who stated that having heard that the committee required £20,000 wherewith to build a hospital (a scheme which he commended in the kindest terms), he offered to contribute £5,000 to the fund, provided three other donations of £5,000 each were forthcoming, thus making up the £20,000. He further stipulated that an additional sum of £10,000 should be raised, in any amounts, as a maintenance fund which was to be invested and the interest alone expended. This offer

*Mr Andrew Gibson

was to remain open until June 30th. The Chairman read the letter at the second Annual Meeting on March 4th 1901 (the day of its receipt) and spoke of it as the launching of an arrow which he hoped would strike some of the millionaires of Liverpool and of the country generally. Mr Holbrook Gaskell immediately offered £1,000 which later in the year he increased to £4,000, and Mr (afterwards Sir) Alfred Jones contributed £500 at the meeting.

This letter was undoubtedly instrumental in raising a large sum of money, but the conditions remained unfulfilled on June 30th. The time limit was then extended to December 31st, but evidently removed before that date, for receipt of the £5,000 was recorded on December 24th 1901. The donor had, however, probably insisted that the building should not be proceeded with until the total amounts specified in his offer had been raised, for in the Annual Report for 1902 (presented March 10th, 1903) it was recorded that £4, 807 8s 1d remained to be raised and that the land was still idle.

There are two other items of interest appertaining to this year (1901). Mr Edward Deane, who has done such outstanding service as honorary secretary, was appointed to that post on September 16th, and Mr Arthur P. Fry was appointed architect on the recommendation of the building committee.

Among the relics of this year (1901) are a number of programmes of dramatic entertainments given on behalf of the funds, and Mr (now Sir) F. C. Bowring's name appears in one of them as taking the part of Sir Ludovic Trivett in "The Shades of Night." He later on handed the proceeds of this show, amounting to £48 4s 7d, to the treasurer. This is the first record of his interest in the hospital. He has been on the committee since 1901, and Honorary Treasurer since 1909.

The activities of the Hospital Chairman (Colonel

Montgomery) in his efforts to fulfil the conditions laid down by the anonymous donor, were extraordinary. I have in my possession many of the answers to personal letters which he wrote making appeals for donations, and he certainly left no stone unturned. Like work was done by other members of the committee, and the progress of the fund, although it did not accumulate in the way the anonymous donor intended, was rather remarkable. In 1903 there still remained a deficit of £2,226 12s 4d, but during this year plans for a hospital to accommodate 200 children were completed. The committee had determined, under the stimulus of the chairman of the building committee, that a building worthy of the city of Liverpool should be provided, and it was estimated that its total cost would amount to about £65,000. The original plans, of which an illustration appeared in the *Daily Post*, following the 5th Annual Meeting (on March 15th, 1904) indicate that it was primarily designed to have closed wards, presenting facilities for the admission of abundant sunshine and fresh air. Later on, however, it became evident that open air wards were essential, and while retaining the general scheme, the final plans provided for open wards in the wings, with the exception of one for children requiring modified open air conditions. This latter was designed with wide side doors leading to an outdoor, cement-floored plateau on to which the cots could be wheeled.

For such a large hospital a correspondingly large central block was necessary, one which would provide for future expansion if need be, and on this account, it was determined to concentrate on the erection of this structure in the first place, and utilise it as a hospital until funds were forthcoming for adding the wards.

On November 23rd, 1902 the title of the Hospital was changed to "The Liverpool Country Hospital for Chil-

dren," and by the middle of 1904 the goal set up by the anonymous donor in 1901 was reached. £30,000 had been collected, of which £20,000 was to be apportioned for building purposes, and £10,000 as capital for an endowment fund. An additional piece of land was purchased to complete and protect the site, making it up to about ten acres.

In the spring of 1905, building operations were started, and now Mr Gibson began to demonstrate his practical acquaintance with building construction. He devoted endless time to it, and personally superintended the work in conjunction with the architect and Mr Hallam, the clerk of the works. Who found Mr Hallam I cannot recall, but it would have been difficult to find his equal as a conscientious and thorough worker. There was no detail to which he did not give his attention.

On April 21st, 1905 Mr Andrew Gibson, by invitation of the committee, laid the foundation stone. The function was very successful and largely attended in spite of the rain and cold. The preliminary speeches reiterating the story of the hospital were made in the adjoining Presbyterian Church by invitation of the Rev. J. Macintosh and his congregation. Mr Hallam had provided a mahogany mallet and Mr Fry, the architect, a silver trowel, which were presented on their behalf to Mr Gibson by the Chairman. After this the company proceeded to the out-door function. The stone (presented by Colonel Montgomery) was laid and Mr Gibson made a speech from which a lucid outline of the plans and proportions of the building may be extracted. Those who were present, he said, could form an adequate conception of what size the building would be when completed, but for the benefit of those who were not there, he would like to make comparison with two existing Liverpool institutions, viz. the Royal Southern Hospital and the David Lewis North-

ern Hospital. The Southern Hospital had accommodation for 205 beds. The frontage in Caryll-street was 180 feet, and in Hill-street 222 feet. The Northern Hospital had accommodation for 220 beds, and a main corridor 282 feet in length and 10 feet wide. The Liverpool Country Hospital for Children would have, when completed, accommodation for 200 beds and a main corridor 279 feet long and 11 feet wide. His reason for comparison was merely to bring before the public the fact that this Liverpool Country Hospital for Children was indeed an institution of some magnitude. The central block would contain children's play-rooms, dining-room, operating theatre, kitchens, &c., in fact, everything needed for the work of the institution. At each end of the main corridor would be the ward wings, four in all, of two wards each; thus there would be eight wards, containing 25 beds each, or 200 beds in all. Attached to the central block by a corridor of 75 ft. long, and 10 ft. wide will be the administrative block, in which they would have the necessary receiving rooms, committee-rooms, and general accommodation for the staff. They were now erecting what he might term the backbone of the institution, the central block, and he trusted that next month the administrative building would be commenced and that it would be finished about the same time as the central block. They were still £1,200 short of the funds required to complete these two buildings. It will also be necessary to erect a laundry and power house to generate electricity for lighting purposes, and they required one of the ward wings in order to save the extra expense of temporary accommodation. The grounds, the extent of which was about ten acres, while covered with heather and very beautiful, required paths cut, which meant expenditure. They hoped the Parish Council would see their way to agree to their removing, to the western boundary, the path that now ran through the site

and thus enable them to lay out the grounds in a manner suitable for the hospital requirements and a credit to the district.

The year 1907 brought the central block of the hospital near to completion. It contained large rooms, quite suitable for use as temporary wards, a fine operating theatre, presented by Mr Holbrook Gaskell as a tribute to the work of Mr Robert Jones, and there was accommodation for every kind of special appliance then known for purposes of treatment. The question of providing accommodation for nurses had been solved by Mr Gibson who, at his own expense, was erecting the administrative block containing a Nurses' Home which, it was deemed, would be large enough to house the staff of the entire hospital. We were unfortunately short of money for the completion of the central block, about £5,000 being required immediately, and it was estimated that another £5,000 would be needed to ensure a position of financial soundness when the place was opened. In the previous year the Lord Mayor of London had inaugurated his scheme for a London Country Hospital for Children at Alton, and on May 31st 1907, he circulated an appeal for funds throughout the country, which contained a statement to the effect that no such institutions existed in England. Our own country hospital having been actively at work for about eight years, and the scheme for its establishment having been conceived two years prior to its opening, we naturally considered that Liverpool had pioneered the country hospital principle. We required funds for our own Institution, and since the London appeal had been received by many people in Liverpool, it seemed only just that attention should be directed to the local claims. Accordingly, on Saturday, June 1st, 1907, I wrote a letter to the Liverpool Daily Post and Mercury, stating that, while wishing every prosperity to this great undertaking of the Lord

Mayor of London, we could not allow that the needs of cripple children had been neglected in this country, seeing that the Liverpool Country Hospital had been doing excellent work for so long a period, and I wound up with an appeal for money wherewith to finish the work at Heswall. That afternoon, my wife and I had arranged to take tea with Miss Gaskell and on the way we called on Sir Edward Russell, to whom the letter was submitted. He approved of it, and promised publication in Monday's issue of the *Daily Post*. While at tea, Mr Gaskell enquired if I had read Lord Mayor Treloar's appeal, and referred to its possible influence in diverting funds from Liverpool. He suggested that a letter should be written to the papers about it. Having a carbon copy of my letter with me, I handed it over for his perusal. He made no comment concerning it, but presently left the room. When he came back he presented me with a cheque for £5,000. On the way home, I again called on Sir Edward Russell to tell him the good news and to make an alteration in the terms of the appeal, and on the Monday morning he published the letter together with a leading article which brought some further financial response. The Lord Mayor of London had actually done us a good turn.

By the end of 1908 the administrative department and the great central block were completed. They were connected by a corridor from which access was gained to the patients' receiving rooms. The whole structure was lighted by home-made electricity, and there was a laundry furnished with every modern appliance. The dining rooms, recreation rooms and others, were fitted as temporary wards to accommodate eighty children. Furthermore, a Lady Superintendent and staff of nurses and servants had been installed to make preparations for commencing work early in the new year. With a view to further expansion, and to enable the central block to be used for its pro-

per purposes, it had been decided by the committee to proceed at once with the building of one of the hospital wings, and plans were being prepared for wards which would enable the children to live in the fresh air.

On February 15th 1909, after more than nine years of useful work in the wards so kindly placed at our disposal by the committee of the Children's Convalescent Home at West-Kirby, our patients were transferred to the new hospital and the remaining beds were filled up by children already on the waiting list for admission. Thus a continuity and expansion of our activities began without any ceremony or formality to mark the occasion.

The building of the hospital wing already referred to was started early in this year, and by the beginning of 1910 it was completed, the patients being moved into these wards in March. The rooms in the administrative block which had been temporarily used as wards were thus liberated, but the babies requiring indoor treatment were retained in one of the small indoor wards on the ground floor, whence they could be taken directly into the open air in their cots. This is still the babies' ward and is thoroughly equipped and furnished.

The two outside wards were constructed with one side completely open, and the excellent results obtained by this constant fresh air treatment have fully justified the views of those who insisted on this principle being adopted. One of these wards was presented by Mr Gibson and named by him The "Hugh Owen Thomas Ward" in recognition of the pioneer work in orthopædics by that distinguished man. Curiously enough (and greatly to my satisfaction) it was assigned for my (medical) cases because it was on the ground floor, all of which was devoted to medical work. The three surgical wards were on the floor above, one of them, corresponding to the babies' ward on the ground floor, being a small closed ward for

the accommodation of cases immediately before and after operation. Shortly after the occupancy of this wing, Mr Gibson became responsible for a further push forward by presenting another £4,000 to pay for a ward in the second wing to be situated on the north-east side of the building, i.e., immediately opposite to its fellow. I have already explained that the plans for this wing differed from those of the other in that the ground floor ward was to be a closed one, having large doors leading to an outside plateau, on to which the beds could be wheeled when necessary. This ward was constructed to provide accommodation for medical cases requiring modified open air treatment.

On January 29th, 1910 His Majesty King Edward VII signified his pleasure that the Institution be henceforth known as "The Royal Liverpool Country Hospital for Children."

About the beginning of February 1910 it was felt that the help of an experienced organiser was required to place the administrative work connected with open air treatment on a proper basis, and Miss Agnes Hunt, so well known in connection with the open-air hospital at Baschurch, was asked if she would take a hand in the matter. She most kindly came to the Hospital accompanied by Miss Goodford and some of her staff, and they remained for many weeks. The Hon. Muriel Fraser, a colleague from Baschurch, joined Miss Hunt, and, after her departure, became Honorary Lady Superintendent of the Hospital. She was unfortunately compelled to relinquish this post later in the year, when Miss Florence Reeves, who was trained at the London Hospital and was afterwards Sister at the Metropolitan Hospital in London, succeeded her. The splendid internal administrative organisation of the Hospital during the past twenty years, has been entirely due to Miss Reeves' guidance. She has not only placed the nursing work of the Hospital on a very high

pinnacle of efficiency, but her influence has also been reflected in every department connected with the practical running of the Institution. Miss Reeves' advice concerning structural requirements and administrative details has been frequently sought and acted upon, and it is recognised that her expert knowledge of hospital management has been responsible for the high standard of its attainment.

The building of the new north-east wing was finished in 1911. Mr Gibson named the upper surgical ward after Miss Agnes Hunt, in recognition of her work at Baschurch, and the lower closed one was called the "Holbrook Gaskell Ward" in commemoration of this benefactor of the Hospital. Owing to lack of funds for maintenance this wing was not furnished and occupied for about twelve months, but since 1912 the beds have been constantly filled.

This year 1911 saw the completion of the tower and clock presented by the late Mrs Andrew Gibson, who defrayed the entire cost of its erection.

On February 23rd, 1911, a great subscription dinner was organised partly with the object of raising funds, and partly to make the Hospital and the nature of its work more widely known, not only in Liverpool but in regions beyond it. Lord Derby (the President) took the chair and supporting him were the Countess of Sefton, Sir Thomas Barlow (President of the Royal College of Physicians), Sir Donald Macalister (President of the General Medical Council), Mr Berkeley (now Lord) Moynihan, Mr (now Sir) Harold Stiles and Dr (now Sir) Wilfred Grenfell of Labrador, together with numerous well known Liverpool citizens. The nett proceeds of the dinner amounted to £1,068, exclusive of endowments for cots by Mr Hutchinson and Mr Cain. To this handsome result was added £35, (to be utilised towards maintaining a cot for a year),

the proceeds of an entertainment given on the previous evening by the children of Park Street Council School.

In July, 1911, Miss Sedgwick and Mrs Miles Forwood organised a garden fête and bazaar in the grounds of the Hospital at which over £600 was taken, and in October the late Sir William Bowring unveiled the name plate of a cot endowed by his relatives to commemorate his and Lady Bowring's golden wedding.

At the end of this year, 1911, the committee made the statement in their Annual Report that all the building operations so far contemplated, were completed, and that the contractors had been paid off. Any further contributions would, therefore, at all events for the present, only be asked for maintenance purposes.

In 1912 Colonel Robert Montgomery resigned the chairmanship of the committee. His hard and unceasing activities for the furtherance of the establishment and well being of the hospital cannot be forgotten by those who worked with him. In September of this year (1912) systematic education of the children was commenced under the aegis of the Education Authorities, and Miss Chaplin, who is still in office, was appointed head mistress.

THE TITLE "ROYAL"

BEFORE closing this chapter of the Hospital's history one may perhaps refer to the way in which the prefix "Royal" came to it. Many people seem to imagine that the title "Royal" can be obtained for the asking. Indeed one has heard it said that this was merely a matter of form. As a matter of fact, the authorities go very carefully into the merits of a case before recommending permission to affix it.

It will be remembered that towards the end of 1908 the central and administrative blocks were nearing com-

pletion and that we expected to open the Hospital early in 1909. Seeing that ours was a pioneer institution of its kind; that it was of no mean proportions, either present or prospective, and had been brought into existence for the help of a class of children hitherto unprovided for, there seemed to be ample grounds for making the application. In response to a letter which I sent to the Home Office there came a request for full information including a list of subscribers and patrons, a balance sheet and printed documents relating to the Hospital. With Mr Deane's help, these particulars were very fully given in a letter which was evidently carefully considered, for the reply suggested postponement of the application for a year, by which time the Hospital would be in working order. Accordingly, early in January 1910, the matter was again represented to the authorities who then required information as to how many beds were in use and how many were not yet available. In the meanwhile the Right Hon. J. E. Bernard Seely, M.P., who was visiting Liverpool, went over the Hospital with me. He was greatly impressed both by the fine buildings and with the good work done for the poor children of Liverpool. He evidently took an active part in the way of impressing the nature and importance of our work on those to whom such information, at first hand, was useful, for on January 30th, 1910 a letter, which can be seen in the board room of the Hospital, came to hand:—

HOME OFFICE

WHITEHALL

29th January, 1910.

Sir,

In reply to your letter of the 3rd instant, in which you renew the application made in the year 1908, for permission to use the title "Royal" in the name of the Liverpool Country Hospital for Children, I am directed by the

Secretary of State to say, that on further consideration of the matter, now that the Institution is housed in permanent quarters at Heswall, he has felt justified in submitting your application to the King for His Majesty's favourable consideration, and that His Majesty had graciously signified His pleasure that the Institution be henceforth known as the Royal Liverpool Country Hospital for Children.

I am,
Sir,

Your obedient servant
(signed) W. P. Byrne.

C. J. Macalister Esq., M.D.,
35, Rodney Street,
Liverpool.

WAR SERVICES

THE question of providing accommodation for sick and wounded soldiers during the Great War did not escape the consideration of the committee, but it was felt to be of importance that the health and lives of children should be carefully conserved in view of the serious toll of life at the Front. Mainly on this account and partly because the funds of the hospital could not be used otherwise than for the treatment of the children, no immediate steps were taken to provide beds for soldiers.

In November 1914 the late Lady Herdman offered to undertake the maintenance of twenty soldiers and that of the necessary additional nursing staff if accommodation could be provided. Two of the rooms in the central block which were not then in use, viz:—the recreation room and a small ward adjoining, were available, and Lady Herdman's offer was accepted. Equipment was provided by other generous donors and on December 1st 1915 twelve soldiers were admitted. The nursing was undertaken by

a Sister and six members of a Voluntary Aid Detachment from Liverpool (of whom Miss Winifred Herdman was one). In all 250 soldiers were treated over a period of two and a half years. The Sister left in March 1917 and for the remainder of the time Miss Herdman was in charge.

During the War the hospital did the X-ray work for four other military hospitals in the neighbourhood.

While Major General Sir Robert Jones was occupied with his duties as Military Director of Orthopædics the surgical work of the hospital was carried out by Mr T. P. McMurray from 1916 onwards, and after the amalgamation with the Children's Infirmary he became the surgeon in charge of the orthopædic department of the combined institutions.

FURTHER DEVELOPMENT

IN proceeding further with the history of the Hospital, it will be opportune to refer to some types of cases which have been treated in it and to the sources whence they came. Sir Robert Jones had the surgical beds, and the medical ones were under my own direction from the time of the opening of the Hospital until the arrangement with the Liverpool Infirmary for Children was completed in 1920, that is for 21 years. At that time Sir Robert became Director of Orthopædics with the right to beds when he wanted them, and half of my beds were allocated to the Medical Staff of the Children's Infirmary. With the remaining 35 beds my work was carried on until the period of my retirement in 1927, thus completing practically 28 years of work. The surgical cases were mainly derived from Sir Robert Jones' large clinic at the Royal Southern Hospital and from his Sunday morning free clinic at his historic consulting rooms in Nelson Street where Hugh Own Thomas, who built them, had worked

before him. The medical cases came at first from the Stanley Hospital, until 1900, when the out-patient clinic for children was started at the Royal Southern Hospital. This latter rapidly grew until it became so large as to require the appointment of clinical assistants to share the work. The Royal Southern Hospital was certainly the principal feeder of Heswall. After Miss Margaret Beaven had started the Child Welfare Society in Seel Street, she organised some work in connection with Sir Robert Jones' out-patient department, whereby aid was given in the way of helping to provide splints and other appliances for the surgical patients, and needy cases were supplied with food and other essentials. This was done, at first by Miss Beaven herself, but afterwards by a welfare worker from the Society. Some time after my own clinic was started The Child Welfare Association arranged for a like worker to be attached to it and one cannot speak too highly of the collaboration of the welfare work with that of the hospital. This work was at first related mainly to questions of nourishment and attention to details of treatment at home, but by 1910 it had developed into an almost essential organisation.

Through the medium of the welfare worker, records of the patients attending the clinics were kept so carefully and indexed so systematically that it was always possible to lay hands on any child or its record, years after its primary attendance at the Hospital; and an important point was that the children were kept constantly in touch with the physician or surgeon, so that a continuity of treatment was maintained. The relationship between the Child Welfare Association, as it is now called, and the clinic developed in another important direction. There were many children not eligible for admission to Heswall who could best receive treatment in other institutions. The social worker took notes of these cases and arranged

for their distribution, some to convalescent homes, other to special schools or special hospitals, some to sanatoria or to the corporation hospitals. After the Association had opened its Hospital for Babies at Leasowe, many of the patients were sent there and occasionally arrangements were made for boarding out children in the country or in holiday camps when that type of treatment seemed advisable. A very important feature was the after care work of the Association, whereby out-patient treatment was to some extent supervised and they saw to it that the parents brought the children regularly to see us. They also furnished reports from time to time concerning children discharged from Heswall, and sent them back to the out-patient clinic if relapses threatened so that they might, if necessary, be re-admitted or otherwise attended to. This scheme of collaboration worked admirably for many years and to its advantages was added the fact that the Association undertook the responsibility of a minimum payment of 3s. 6d. a week for each child, and arranged for the parents to pay according to their ability.

In course of time, with growing experience, the types of cases which were admitted to Heswall underwent a certain amount of change. It became very evident that there were many cases in addition to the chronic ones requiring the prolonged treatment which it afforded. Children in the initial stages of diseases liable to lead to organic crippling were admitted, and this particularly applied to the forms of rheumatism and to the choreas which are responsible for the causation of diseases of the heart. The seriousness of the heart problem in children had never had any systematic attention until it was taken up at Heswall. There were small Institutions here and there in the country devoted to the treatment of established cases of heart disease in children, but the preventive side of the question had been hitherto neglected.

Sir George Newman's Annual Reports indicated that from 1 per cent to 5 per cent of the children of school age, in various parts of the country, had heart disease, and in Liverpool the proportion must have been fairly high, judging by the number of cases which came under observation. It was useless to try to help matters by admitting the chronic hearts and the principle was therefore adopted of dealing only with the conditions liable to cause heart disease, and heart disease in its very earliest stages.

This preventive treatment proved very valuable, a fact which was recognised by several school medical officers in the city who, in the course of their inspections and examinations came across so many of these cases and sent them to the clinic.

Of course there were many other diseases, besides the rheumatisms and their congeners, requiring similar care and so numerous did all these types of cases become that the resources of the Hospital were strained to the utmost.

It was considerations of this character which led me, in 1914-15, to endeavour to formulate a co-ordinated Child Welfare scheme for the city; one which would incorporate other hospitals, clinics and agencies having to do with sick children. If this were accomplished, of course a greatly increased number of beds would be required in order to cope with the problem, and the Heswall Hospital would certainly have to be completed to a minimum of three hundred beds. In 1916 I brought the matter before the Liverpool Medical Institution in my presidential address, and pointed out the advantages which would accrue from a co-operative scheme whereby the Child Welfare Association might become a clearing house with an extension of the distributive and other principles adopted at the Royal Southern Hospital. We had been dealing for a considerable number of years with

the early rheumatic and other heart damaging diseases at Heswall, and were very anxious to have some special wards opened there for them. Sir George Newman, with whom I had several conversations, was very sympathetic to this idea and also to the scheme of co-ordination. Our own committee was equally sympathetic, but the thing which really stood in the way of having special wards was the question of funds. The Government could not give grants for treatment or for building purposes, and the committee did not feel justified in putting up new wards until the wherewithal was forthcoming.

Numerous difficulties hindered my co-ordinative scheme which I have only thinly outlined without reference to many side issues. The great difficulty was to get all the hospitals joined in with adequate provision for keeping the staffs in touch with their patients. Although it led to a considerable amount of interest, it did not mature in the way one would have liked. Had it done so, I believe it might have formed the nucleus of a very practical measure for systematically dealing with the classes of cases which are so destructive of child life and health. Had Liverpool at that time undertaken such a systematic plan of dealing with rheumatism and its consequences as I advocated, it would have led the way in what is to-day regarded as being nationally imperative.

Somewhere about August 1916 the committee of the Liverpool Children's Infirmary, evidently desirous of having a country annexe to their hospital, published an appeal for £20,000 wherewith to provide an institution of say forty beds. This seemed to me an absolutely uneconomical proposition which would have involved there being two expensive institutions practically rivalling one another. To erect another hospital would have meant spending a considerable amount of money on an adminis-

trative department, whereas the large sum appealed for would provide wards capable of accommodating twice the number of children they proposed to treat if they were attached to the Heswall Hospital where the large administrative block already existed. I represented this fact, with the result that some negotiations took place between the two committees, and various suggestions were considered for enabling the Children's Infirmary to have accommodation for their cases at Heswall under a scheme of co-operation. Conferences and correspondence took place which culminated in a letter from Mr Deane, the honorary secretary of the Heswall Hospital, to Mr R. H. Armstrong, of the Children's Infirmary committee, on November 23rd, 1916, which stated that our committee was considering the question of a larger scheme of co-operation; that there were a great many interests involved, and that details would require to be worked out. The question of arrangement between the two institutions was re-opened in 1919 and a scheme of amalgamation completed in July of that year was put into operation in 1920. The combined hospitals are now known as "The Royal Liverpool Children's Hospital." Since the amalgamation a special ward for the treatment of orthopædic cases has been opened and also a special department for treatment with ultra-violet rays etc., (a mercury vapour lamp for this purpose had been installed by myself in 1913 or thereabouts). In 1928 a large extension of the Nurses' Home was opened by Mr Andrew Gibson, and now in 1930 two new open-air wards have been built on the river side of the hospital. These complete the Hospital in accordance with the original plans, and they constitute a crowning gift from Mr Andrew Gibson who has provided the magnificent sum of £15,000 for their construction. The upper open-air ward in the north-east block is to be converted into a closed ward. New residents quarters and accommo-

dation for staff and teachers have been added, and the Institution, with these additions, represents all that is modern and best in hospital construction.

SOME EARLY PERSONAL FACTORS

AS one reflects on the history of the Heswall Hospital, there comes the thought, what would it have been like had there been no Andrew Gibson? Although the scheme for its formation matured very quickly and, thanks to the practical sympathy and understanding of many friends, there was every prospect of its going ahead in the future, it is almost certain that, without his help, it would have proved to be a plant of slow growth. I would go further and say that to-day it would probably have been an institution of comparatively modest proportions.

It must not be thought that the launching of the scheme for its foundation was unresisted. As a matter of fact, there was considerable opposition from those who thought that the sick children of the city and district were amply provided for by the town hospitals. The barriers of tradition had to be broken down and an inelastic public opinion educated to the facts of the case. Over and over again we were advised to go slowly, and when it was discovered that plans were being prepared for a really large institution, I recollect being called upon by the chairman, together with another member of the committee who had been to some extent influenced by outside talk. They wanted an assurance that we were not aiming at something far too big. It required a strong man to combat such impressions and we found him in Andrew Gibson, who joined the committee in 1899, very soon after the Hospital was inaugurated. His influence speedily became manifest. It was he, for instance, who in that year raised the question of parental responsibility which led to a reversal of the principle that there should be no charge made for

the patients. The soundness of his contention was proved by the readiness of parents to contribute or of friends to do so for them, if they could not afford it. Mr Gibson was an enthusiast and proved Emerson's dictum that "nothing truly great was ever achieved without enthusiasm." He was a frequent visitor to the wards, occasionally with the medical officers, and perhaps a personal knowledge of the children and observations concerning their progress may have helped to convince him that an independent hospital was required and that the committee should take immediate steps to get at the building of it. One has recollections of many conversations on this point, sometimes at official meetings and very frequently on social occasions when he discussed with Mr Robert Jones and myself draft outlines of plans of his own conception to illustrate his views in a general way. A quick apprehension and grip of essentials together with criticisms concerning details rendered him an ideal chairman of the building committee and the practical attention which he gave to the building construction was responsible for its soundness and substantiality. Quite recently I had a striking example of his knowledge of detail when with Sir Robert Jones we inspected a newly built hospital and he immediately detected a flaw in the construction of the operating theatre which would have escaped anybody less versed in such matters.

It might be imagined that one large undertaking would have been sufficient to engage all the attention and energy of a man who devoted so much of both to it, but an evidence of his capacity for simultaneously handling more than one enterprise is found in the fact that while so carefully looking after the erection of the hospital he was equally supervising the building of the splendid Home for Sailors' Widows at Egremont which he put up as a memorial to his father; another manifestation of the practical kindness

of heart which has characterised his life. I refrain from making more than a passing reference to Mr Gibson's munificence to the hospital. His gifts have been recorded from time to time in the Annual Reports. Suffice to say that he built the administrative block and nurses' home and two of the wards, and the late Mrs Gibson presented the fine tower and clock. In addition to these structural gifts, he gave large contributions to the building fund, and endowed a cot. By stimulating everybody concerned to aim at having a hospital worthy of the city he did a great work, and for his numerous benefactions, which, with the crowning gift of £15,000 (announced April 4th 1929) amount to over £45,000, no words of appreciation can be adequate. This new gift is towards the cost of completing the hospital by the addition of the two new wards now under construction. It is said that "the greatest happiness comes from the greatest activity," and if this be true, and I believe it is, one can feel glad that so much of it must have come to this friend of the Hospital.

As a pioneer worker for the welfare of children, there is no one more deserving of credit than Miss Ellen Sedgwick. Having learned the lesson that with long and uninterrupted treatment children sent into the Home for Incurables in the years 1890-98 made excellent progress, she became an enthusiastic worker for the cause and a valued colleague of the medical men whose ideals she shared. It was Miss Sedgwick who represented the advisability of having a hospital for such cases to many of the ladies in the city, and among them to Miss Lily Gaskell who, with her father was one of the first active supporters of the scheme. I have in my possession the first list of promised donations and subscriptions in 1898, on which is recorded the sources of the contributions. Out of sixty-four names no less than forty-two were influenced by Miss Sedgwick, and in after years she influenced many

more. At the first Annual Meeting of the Hospital on February 19th, 1890, she was especially thanked for her indefatigable efforts in having interested "many of those who are now warm supporters of the Charity," and she (and also Miss Lily Gaskell) was elected a Life Governor in recognition of her special services. Since those early days her work has never flagged; she has maintained her interest, not only in the Hospital but in a large number of children who have been patients. She has visited them in their homes, and otherwise kept in touch with them and has thus maintained their and their parents' interests in the place. Year after year, by sales of work, rummage sales, and entertainments, she has raised sufficient funds to maintain a cot, and in 1925, by gathering together a number of the old patients (some of them dating back to the beginning of the hospital) she founded the "Old Girls and Boys Guild." This Society, by means of donations and subscriptions and an annual sale of work followed by an entertainment collects sufficient funds to maintain a free cot. Some of them, in recognition of benefits received at the Hospital collected £25 towards the building fund.

In 1912 Miss Sedgwick and Miss M. I. Carter started the Needlework Guild which has been such a wonderful success largely thanks to the active help of its honorary secretary, Mrs Miles Forwood, who has been a devoted friend to the hospital ever since it was opened at Heswall. Her visits were always keenly looked forward to by the workers and patients. She has truly proved the "Fairy Godmother" to the little patients to whose happiness she has ministered for so many years. Mrs Forwood left the neighbourhood in 1929 and her visits to the wards and their cheerful influences are now greatly missed.

A ward was named after Miss Ellen Sedgwick on her retirement from the Council in July 1922 in recognition of her devoted services to the institution.

The late Mr Holbrook Gaskell and his daughter Miss Lily Gaskell were among the first to accept the principles urged by the originators of the hospital and to show their practical sympathy by promise of financial support. Mr Gaskell was one of the members of the provisional committee who concluded the arrangements with representatives of the West Kirby Home for starting work in that institution. He recognised and maintained the claims of Liverpool as an innovator of this work among children. He presented the fine operating theatre as a tribute to Sir Robert Jones' work, and gave many handsome donations to the building fund. The lower medical closed ward in the north-east wing was named after him as a lasting memorial.

The late Colonel Robert Montgomery was the first chairman of committee. It is difficult to estimate or to realise the amount of energy which he expended in the way of bringing the charity to the notice of business people and of the public generally. A perusal of the accumulated correspondence and documents connected with the earliest days of the hospital and beyond, shows numerous evidences of this in reports of speeches, letters to the press and in the replies to private letters innumerable, all setting forth or having to do with merits of the good cause. He took an active part in propaganda work and personally influenced considerable sums towards the building and maintenance funds. Owing to failing health he resigned the chairmanship in 1912 after the buildings had reached the point of completion contemplated by the committee in 1911 at which period about 80 beds were in occupation. He died in 1927.

Mr Edward Deane, honorary secretary from September 16th 1901 to the time when the hospital combined with the Liverpool Children's Infirmary in 1920, had a hereditary interest in it. His parents Mr and Mrs Rich-

ard S. Deane, were among the earliest supporters. His father was an original member of the committee appointed at the inaugural meeting on March 6th 1899, and his mother contributed the first of the free cots on October 23rd in that year. Mr Edward Deane's interest in the Hospital has been a very practical one. Throughout the course of his secretaryship he attended to the carrying out of the business side of its administration, with every detail of which he was conversant. He paid very frequent visits and personally looked after matters requiring attention. Although officially honorary secretary, he should rather have been styled "honorary executive officer." The hospital owes a very great deal to his vigilance concerning its interests.

In concluding this section there are other workers to whom reference must be made.

Dr H. G. Carlisle was appointed Hon. Local Medical Officer to the hospital early in 1910, and he carried on this work singlehanded until he went to the Front in 1915, when Dr Gunn was also appointed. On his return Dr Carlisle became associated with the surgical side of the work. He has enlisted many friends for the institution, some of whom have endowed beds and have otherwise interested themselves through his advocacy.

Dr G. Gunn was my personal colleague and has throughout the years since his appointment shown a similar spirit of loyal devotion to the children and the hospital. He also has obtained the support of many people in the district.

Miss Edith Chaplin, the head schoolmistress, is another whose qualities have been appreciated by all who know the inner workings of the place. As an organiser of her department and as a teacher she has done excellent work and, in addition, her help in the way of observing and recording the mental conditions of the children and the in-

fluence of therapeusis on their psychology has been invaluable.

THE FUTURE

SO much for the Origin and History of the Royal Liverpool Country Hospital for Children. It is not often that ideals are fulfilled by dreamers of dreams, but ours has become a reality. The Hospital is now an all-important unit in a great combined Institution and since the joining of forces with the Children's Infirmary it has advanced to structural completion, partly through the beneficence of old friends and in part through that of new ones. It would appear that the mantle of generosity, having served one generation, falls fittingly upon another and does not, like an ancient garment, get worn out.

It is not possible to make reference to all of the many friends who, by their generous help and service have advanced the interests of the Institution. I would venture, however, to refer to just one of them. It used to be said of Dr Charles West, who wrote one of the earliest text-books on the diseases of children, that he had a magnetic influence which rendered children immediately aware that he was their understanding friend. Mr Walter Harding is a man of this nature and the meaning of this statement will be understood by all those who realise what he has done to add to the happiness of the patients, the comfort of the Staff and to the equipment and efficiency of the hospital.

The old Committee of the Heswall Institution retains its original interest and supports it as of yore, in association with the other members of the Council of the combined institutions which now constitute the Royal Liverpool Children's Hospital.

The original senior members of the Hon. Medical and Surgical Staff have now, after thirty years of active work,

handed over the reins to others and it behoves the new ones, present and future, to carry on the high tradition of the Royal Liverpool Country Hospital for Children in its association with its older sister hospital in Myrtle Street.



